



**CHEROKEE COUNTY WATER & SEWERAGE AUTHORITY**  
391 West Main Street ~ P.O. Box 5000 ~ Canton, GA 30114  
(770) 479-1813 ~ FAX (770) 479-4312

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DRAFT**

I (we) hereby authorize Cherokee County Water & Sewerage Authority (CCWSA) to Debit my checking account at the financial institution listed below for payment on my monthly bill. This authorization will remain in effect until I (we) notify CCWSA in writing that I (we) no longer desire this service, allowing CCWSA and the financial institution reasonable time to act on my (our) notification.

CCWSA Account Number \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Telephone Number of Financial Institution \_\_\_\_\_

Routing Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

**NOTE:** The routing number is located between these symbols |: |: on the bottom left of your check.  
Please notify CCWSA of any bank account changes as soon as possible to avoid missed payments.

Please **include a voided check (NOT a deposit slip)** with this authorization and mail to:  
Cherokee County Water & Sewerage Authority  
P. O. Box 5000, Canton, GA 30114  
Attention: Kathy

A letter to confirm enrollment will be mailed to you once the enrollment process is complete. Once you are enrolled, you will continue to receive your monthly bill. **“For Your Records Only”** will print on your bill as a reminder that the account is being drafted. The amount due on your bill is automatically deducted from your checking account on the due date. If you do not receive the conformation letter within 10 days of returning this form to us or if you have any questions regarding our Automatic Draft Program, please contact Kathy at 770-479-1813, Ext. 262.

Signature \_\_\_\_\_ Date \_\_\_\_\_